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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/902,718
Filing Date	July 12, 2001
First Named Inventor	BEAUCHAMP, Fern
Art Unit	3723
Examiner Name	SMITH, James G.
Attorney Docket Number	044 GG-04-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Fern Beauchamp				
Address	#33 - 2280 Munn's Avenue				
Address					
City	Oakville	State	Ontario	Zip	L6H 3L1
Country	Canada				
Telephone	(905) 842-7676	Fax	(905) 842-7676		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	BEAUCHAMP, Fern		
Signature			
Date	May 17, 2004	Telephone	(905) 842-7676

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

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